

2018 Current Fiscal Year Report: Advisory Committee on Interdisciplinary, Community-Based Linkages

Report Run Date: 06/05/2019 07:54:27 AM

1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

Advisory Committee on Interdisciplinary, Community-Based Linkages

3b. GSA Committee No.

5272

4. Is this New During Fiscal Year?

No

5. Current Charter

03/24/2017

6. Expected Renewal Date

03/24/2019

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority

42 U.S.C. 294f

13. Effective Date

11/13/1998

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports

1

16b. Report Date

01/05/2018

Report Title

Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities

Number of Committee Reports Listed: 1

17a. Open 4 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 4

Meetings and Dates

Purpose

The purpose of this meeting was to orient new members to the work of the Committee, the charter, the legislative authority for the Committee, the U.S. Department of Health and Human Services, the Health Resources and Services Administration, the Bureau of Health Workforce, and the program for which the Committee has responsibility. In addition, the Committee identified potential topics to work on for Fiscal Year 2018. In order to accommodate the schedules of the ACICBL members, two orientation meetings were held. The first meeting was held on March 15, 2018 from and the second meeting was held on March 27, 2018.

Start

End

03/15/2018 - 03/15/2018

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03/27/2018 - 03/27/2018

The purpose of this meeting was to hear presentations on and discuss the topic of the Fiscal Year 2018 report entitled "Preparing the Current and Future Workforce to Practice in Age-Friendly Health Systems within the Context of the Quadruple Aim. The Committee heard presentations on age-friendly health systems, the promotion of clinician well-being as part of the Quadruple Aim, helping students become important members of the health care team, the federal budget process, HRSA's behavioral and mental health programs, and the Area Health Education Center program.

06/06/2018 - 06/07/2018

The purpose of the meeting was to discuss issues and developed draft recommendations related to the chosen topic of its 17th Report, Preparing the current and future health care workforce for interprofessional practice in sustainable, age-friendly health care systems, including addressing the quadruple aim. Committee members also received a presentation on Advancing Towards Value-Based Care: Overview of History of Dementia Care Elements and Quality Measures.

08/16/2018 - 08/16/2018

Number of Committee Meetings Listed: 4

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$38,613.00	\$47,012.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$168,338.00	\$174,761.00
18a(4). Personnel Pmts to Non-Member Consultants	\$1,521.00	\$1,500.00
18b(1). Travel and Per Diem to Non-Federal Members	\$16,376.00	\$21,788.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$3,142.00	\$6,100.00
18d. Total	\$227,990.00	\$251,161.00
19. Federal Staff Support Years (FTE)	1.12	1.12

20a. How does the Committee accomplish its purpose?

The Committee met four times this year to review the goals of HRSA programs supporting interdisciplinary community-based initiatives, and make recommendations to the Secretary and Congress accordingly. The first meeting was an orientation meetings held via conference call/webinar. To accommodate Committee members' schedules two orientation meetings were held and counted as one meeting for the Committee. One orientation meeting was held on March 15, 2018 with 6 members in attendance and the same orientation was repeated on March 27, 2018 with the remaining six members in attendance. The second meeting was in-person and via conference call/webinar. It was held on June 6-7, 2018 at the Health Resources and Services Administration, 5600 Fishers Lane, Rockville, Maryland. The third meeting was held on August 16, 2018 via conference call/webinar.

20b. How does the Committee balance its membership?

The Committee membership represents a balance among health professions disciplines which are interdisciplinary and community-based; has broad geographic representation with a balance between rural and urban communities; and demonstrates appropriate representation of women and minorities. The members of the Committee represent program entities cited in the legislation, i.e., the Area Health Education Centers (AHECs), Geriatrics Workforce Enhancement program, the Quentin N. Burdick Program for Rural Interdisciplinary Training, Allied Health and Other Disciplines including Chiropractic and Podiatric Medicine, Mental and Behavioral Health Education and Training Grants.

20c. How frequent and relevant are the Committee Meetings?

The Committee met four times in FY 2018 and will meet three times in FY 2019. The nature and scope of work attended by the grant programs included under Title VII, Part D, has resulted in a broad collaborative agenda to be undertaken by the Committee. Even with a tightly organized agenda, three meetings per year appear to be necessary to meet the changing needs of these programs, all of which are expanding to meet the growing demand for a better prepared workforce.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The nexus of the Committee's work is on interdisciplinary, community-based perspectives regarding traditional and non-traditional approaches to preparing a health workforce capable of utilizing the knowledge and competencies of all health professions disciplines to meet local and national health care needs. Collaboration, integrative partnerships, interprofessional service systems, and comprehensive health care that integrates primary care with geriatrics and behavioral/mental health care are the working concepts the Committee members use to analyze existing education and training policies and render both strategic and statutory recommendations and advice to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives. There is no other standing Committee or source that can provide such inputs or perspectives on interdisciplinary health workforce development.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A Meetings are open.

21. Remarks

The Committee completed the 16th report entitled, "Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities." The report can be found on the

Committee's website at

<https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/rep>

The Committee is in the process of completing its 17th report entitled, "Preparing the Current and Future Health Care Workforce for Interprofessional Practice in Sustainable, Age-Friendly Health Care Systems, Including Addressing the Quadruple Aim."

Designated Federal Officer

Joan Weiss Senior Advisor, Health Resources and Services Administration

Committee Members	Start	End	Occupation	Member Designation
Bednash, Geraldine	05/13/2018	05/13/2021	Professor, College of Nursing and Health Sciences, University of Vermont	Special Government Employee (SGE) Member
Erwin, Katherine	02/18/2018	02/28/2021	Assistant Professor, Morehouse School of Medicine	Special Government Employee (SGE) Member
Evans, Joseph	02/18/2018	02/28/2021	Professor, Munroe-Meyer Institute, Department of Psychology, University of Nebraska Medical Center	Special Government Employee (SGE) Member
Golden, Robyn	04/01/2018	03/23/2021	Associate Vice President of Population Health and Aging, Rush University Medical Center	Special Government Employee (SGE) Member
Gould, Bruce	02/18/2018	02/28/2021	Associate Dean for Primary Care, University of Connecticut School of Medicine	Special Government Employee (SGE) Member
Kennedy, Teri	02/18/2018	02/28/2021	Director, Office of Gerontological & Interprofessional Initiatives, Arizona State University	Special Government Employee (SGE) Member
Khatri, Parinda	05/13/2018	05/13/2021	Chief Clinical Officer, Cherokee Health System	Special Government Employee (SGE) Member
Killinger, Lisa	04/01/2018	03/23/2021	Professor, Palmer College of Chiropractic	Special Government Employee (SGE) Member
Masaki, Kamal	04/01/2018	03/23/2021	Professor and Chair of the Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawaii Systems	Special Government Employee (SGE) Member
Morley, John	02/18/2018	02/28/2021	Director, Division of Geriatrics, St. Louis University School of Medicine	Special Government Employee (SGE) Member
Pope, Sandra	02/18/2018	02/28/2021	Program Director, West Virginia Area Health Education Center, West Virginia University	Special Government Employee (SGE) Member
Stevens, James	03/18/2018	03/23/2021	Manager of Grants	Special Government Employee (SGE) Member
Tan, Zaldy	02/18/2018	02/28/2021	Professor and Assistant Dean for Curricular Affairs, Division of Geriatric Medicine, David Geffen School of Medicine, University of California, Los Angeles	Special Government Employee (SGE) Member
Wynn, Jacqueline	02/18/2018	02/28/2021	Associate Director, North Carolina Area Health Education Centers Program, Gillings School of Public Health, University of North Carolina at Chapel Hill	Special Government Employee (SGE) Member

Number of Committee Members Listed: 14

Narrative Description

The Advisory Committee on Interdisciplinary, Community-Based Linkages (the Committee) provides advice and recommendations on a broad range of issues dealing with programs and activities authorized under Title VII, Part D of the Public Health Service (PHS) Act, as amended by the Affordable Care Act. The Committee was created by Congress to provide advice and recommendations to the Secretary and to the Congress specific to HRSA/BHW programs that support interdisciplinary, community-based training. The Committee reviews and offers recommendations on Agency and Bureau programmatic matters in the disciplines of: Area Health Education Centers, Geriatrics, Allied Health, Chiropractic, Podiatric Medicine, the Quentin N. Burdick Program for Rural, Interdisciplinary Training, and Mental and Behavioral Health Training. The Committee is the single entity in existence which performs this function for the Department. The Advisory Committee supports the Agency's mission to provide national leadership, program resources, and services needed to improve access to culturally competent, high quality health care. The Committee addresses Goal 1: Improve Access to Quality Health Care and Services; Goal 2: Strengthen the Health Workforce; and Goal 4: Improve Health Equity.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- | | |
|---|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input type="checkbox"/> |
| Major policy changes | <input checked="" type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input checked="" type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input checked="" type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

None ☐

Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?

147

Number of Recommendations Comments

The ACICBL recommendations are broad in depth and scope. As a result, there have not been a significant number of recommendations that have been fully or partially implemented. Recommendations that have not been implemented focus on requests for appropriations, legislative changes, changes to accreditation standards for health professions education, and changes for health professions licensing bodies.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

26%

% of Recommendations Fully Implemented Comments

Fully implement recommendations are documented for 37 of the 147 recommendations. HRSA fully implemented two recommendations from the 14th report. These recommendations focus on educating and training the workforce to provide culturally competent, person-centered care that includes shared decision-making. HRSA fully implemented three recommendations from the 9th report. These recommendations focus on advancing interprofessional education by convening major accrediting bodies and educational leaders to produce a position statement to guide interprofessional curricula development and promote concurrence in accreditation requirements across professions; support the development of interprofessional education evaluation tools, and share core interprofessional competencies. A total of 18 recommendations were fully implemented from the fourth (4 recommendations), fifth (6 recommendations), and sixth (five

recommendations) reports. Examples of some of the recommendations that were implemented included changes to funding opportunity announcements; collaboration and partnership development to prepare a culturally competent and diverse workforce; telehealth education; development of interdisciplinary performance and outcome measures; linkages of health professions education with community health centers, rural health clinics, and other community-based sites, and improvements in patient health outcomes.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

29%

% of Recommendations Partially Implemented Comments

Partially implement recommendations are documented for 42 of the 147 recommendations. HRSA partially implemented one recommendation from the 15th report. The focus of this recommendation is to expose students to a wide range of clinical training sites in rural and underserved areas. HRSA partially implemented one recommendation from the 14th report by sharing the HHS Education and Training curriculum on Multiple Chronic Conditions to key stakeholders and its Bureau of Health Workforce grantees. HRSA partially implemented three recommendations from the 13th report. These recommendations focus on establishing or strengthening academic programs and community-based clinical practices to educate the workforce to provide interprofessional and population-focused care. HRSA partially implemented 4 recommendations in the 12th report. These recommendations focused on providing interdisciplinary education to address the needs of populations. HRSA partially implemented six recommendations from the sixth report. These recommendations focused on providing interdisciplinary education to address the links between oral health and systemic health.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

During each scheduled Advisory Committee meeting, representatives from various levels of the HRSA leadership provide updates to the Committee respective to recommendations and other relevant information.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- | | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

From 2009 - 2011, the then Bureau of Health Professions (now Bureau of Health Workforce) supported one-day All Advisory Committee Meetings with members of four of the five Bureau's Advisory Committees (Advisory Committee on Interdisciplinary, Community-Based Linkages, Advisory Committee on Training in Primary Care Medicine and Dentistry, Council on Graduate Medical Education, and National Advisory Council on Nurse Education and Practice). An outcome of these meetings was that the Committees came to consensus and developed a definition of interprofessional education. This definition was used in the Bureau's funding opportunity announcements. This outcome resulted in effective grant making.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

- | | |
|---------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |
| Publications | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

The Designated Federal Official is Dr. Joan Weiss at jweiss@hrsa.gov or 301-443-0430.